

POV SHIPMENT CLAIMS

Your claim must contain the following information and documentation. Include the original of each document listed below, unless otherwise stated. **Keep a copy of each document for your own records.** The Claims Office cannot provide copies of your documents.

THE CLAIMS OFFICE MUST RECEIVE YOUR CLAIM WITHIN TWO YEARS FROM THE DATE YOU PICKED UP YOUR VEHICLE. THIS STATUTE OF LIMITATION CANNOT BE WAIVED.

1. REQUIRED CLAIM FORMS.

a. *DD Form 1842 (Enclosed).* DD Form 1842 must be completed in the name of and signed by the active duty member who is listed on the government orders. An agent may sign DD Form 1842 with proper authorization (e.g., a power of attorney). Be sure you complete Blocks 1 - 10 of the 1842, and enter the amount claimed in Block 9. Also answer questions 11 - 15. Please use blue or black ink. PLEASE, NO PENCIL or RED INK.

b. *DD Form 1844 (Enclosed).* Complete Blocks 1 - 11. Be sure to enter the year, make, and model of the vehicle in Block 7 and describe the damages in Block 7.

c. *Certificate of Insurance Coverage (Enclosed).* Effective 1 June 2003, you are no longer required to file a claim against your insurance company. Please inform Army Claims Office personnel if you have private insurance that may cover the loss so claims options can be discussed. If you submit your Army claim after 1 June 2003 and already received payment from your insurance carrier, please include a copy of any correspondence from your insurance company, especially the document showing the breakdown of payments from your insurer for each item. **Please complete the Certificate of Insurance Coverage, whether or not you submit your claim to the insurance company.**

d. *Power of Attorney.* If you authorize someone else through a power of attorney to file your claim and/or receive payment, please enclose a copy of the Power of Attorney.

2. REQUIRED SUPPORTING DOCUMENTS.

a. *PCS Orders and Amendments.*

b. *DD Form 788 and any other shipping document* that shows the condition of the vehicle when you turned it in for shipment and the new damages that were noted when you picked up the vehicle.

c. *Estimate of Repair.* Only one estimate of repair is required; however, if the cost of repair appears high for the extent of damage, you may be asked to get a second estimate, or the amount of compensation may be limited to a fair and reasonable amount. If the damage is covered by your insurance and is appraised by your insurance company, the insurance appraisal will be sufficient. You do not need to submit a second estimate with the insurance appraisal.

d. Replacement Cost Estimates. For missing items, obtain replacement cost(s) from the Post Exchange or provide a receipt or bill of sale for the item(s) replaced. Replacement costs for radios, tape decks, speakers, and other stereo equipment must include model number and sufficient evidence that the replacement is comparable or similar to the missing item. Replacement costs obtained on the economy for items routinely sold in the Post Exchange may not be allowed.

e. If your claim is for a missing radio, tape deck, speakers, and other stereo equipment, provide a statement describing how such equipment was secured in your vehicle.

f. If you have photographs of the damages, please include them. However, you will not be reimbursed for the cost of the film or the processing of the pictures.

3. If you have any questions, please contact the Schofield Barracks Claims Office at 655-9279. Hours of service are: Monday - Wednesday, and Friday 0900 – 1500; Payday Activities 0900 – 1200; Closed: Thursday, ADONSA and federal holidays.

NOTE: For Australia/New Zealand claimants, please forward you claim to the Claims Office at the US Embassy. Our telephone number is 02 6214 5804 (in Australia) or 61 2 6214 5804 (elsewhere). If outside Canberra, our mailing addresses are:

THROUGH THE U.S. MAIL
337 ASUF/JA
UNIT 11004
APO AP 96549

THROUGH AUSTRALIAN POST
OFFICE OF THE STAFF JUDGE ADVOCATE
U.S. EMBASSY
MOONAH PLACE
YARRALUMLA ACT 2600

4. Unfortunately, the Claims Office is unable to provide you with copies of your claim. Please make a copy before you turn in your packet to the Claims Office.

CERTIFICATE OF INSURANCE COVERAGE

If your claim is for loss or damage to your personal property or privately-owned vehicle shipped at government expense, you are NOT required to file a claim against your insurance company. Please inform Army Claims Personnel if you have private insurance that may cover your household goods or POV shipment loss so claims options can be discussed.

FOR ALL OTHER TYPES OF CLAIMS (e. g. theft, vandalism, loss in quarters, storage lots on post), you MUST FILE and settle a claim with your private insurance before filing your claim against the Government.

INSTRUCTIONS FOR CLAIMANTS: You will complete either Section A or B. If you have private insurance, complete **SECTION A**. If you do not have private insurance to cover your loss, complete **SECTION B**. After completing either SECTION A or B, **ALL CLAIMANTS MUST SIGN SECTION C**.

SECTION A. For completion by claimants with private insurance.

My personal property, automobile, or motorcycle was insured by:

Name of insurance company: _____

Address of insurance company: _____

Policy Number: _____

Type of coverage: _____ Amount of deductible: _____

Attach a copy of the page in your insurance policy which shows the coverage on your property, vehicle, or motorcycle. Also attach all correspondence and/or evidence of settlement you received from your insurer.

SECTION B. For completion by claimants with no private insurance.

If your loss is not covered by private insurance, please write a statement in the space provided below. If your insurance was cancelled or had expired prior to the shipment or incident, attach a copy of the notice of cancellation or expiration.

SECTION C. For ALL claimants to complete.

I SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION SUBJECTS ME TO CRIMINAL PROSECUTION AS WELL AS POSSIBLE DENIAL OF MY ENTIRE CLAIM.

CLAIMANT'S SIGNATURE

DATE SIGNED

MEMORANDUM FOR POV Owner

SUBJECT: POV Shipment

The following information will assist the Schofield Barracks Claims Office in processing your POV shipment claim.

PLEASE CHECK THE APPROPRIATE STATEMENT

___ I ***have not*** received any reimbursement from the shipping company for damages to my vehicle.

___ I ***received*** reimbursement from the shipping company for damages to my vehicle. Attach a copy of the breakdown of payment. If you do not have a breakdown, please complete the following:

Name and address of the Shipping Company: _____

Amount of settlement: \$ _____

Description of damages you received payment for: _____

_____.

SIGNATURE OF CLAIMANT

DATE

CLAIMANT'S DIRECT DEPOSIT INFORMATION

NAME: _____
As it appears on your account

SSAN: _____

Name of Financial Institution:

Address of Financial Institution:

Account Type: ☐ Checking ☐ Savings

Account Number: _____

Routing Number: _____
Nine Digits



I certify this account is valid and available for acceptance of electronic funds transfer (EFT). I understand this action affects claims payment only and this transfer could be rejected by my financial institution.

SIGNATURE: _____ Date: _____

I have reviewed member's proof of account: _____
Certifying Official

PRIVACY ACT STATEMENT

PURPOSE: To document a member's request for electronic funds transfer to a financial institution other than the regular military pay direct deposit financial institution.

ROUTINE USES: Information collected on this form becomes a part of the Integrated Automated Travel System (IATS) and is subject to routine disclosures. Routine recipients of IATS disclosures include, but are not limited to, other federal agencies, Red Cross, and local governments for tax and welfare purposes.

DISCLOSURE IS VOLUNTARY: Failure to provide the information including SSAN will prevent EFT to "other" financial institution.